

SOCIAL SERVICES
LIHEAP Program



P.O. Box 38
Concho, OK 73022
Off: (405) 422-7476
1-800-247-4612
Ext. 27476
Fax: (405) 422-8218

Low Income Home Energy Assistance Program
LIHEAP

Utility Assistance/Weatherization Disbursement

If your household is directly responsible for heating or cooling costs, you may apply for the LIHEAP Utility Assistance, Air-Conditioner/Heater, Fan/Blanket & Energy Kit Program. A surplus of funds from the cooling and heating season was used to buy individual AC window units and portable heater units. These AC window and portable heater units are being disbursed to several communities across the Cheyenne & Arapaho Tribes' Service Area. This is a one-time disbursement, and future disbursements are not guaranteed.

In order to qualify for the LIHEAP program, at least one (1) household member must be a member of a federally recognized American Indian or Alaska Native tribe. Also, households must show a financial need based on federal income guidelines. Additionally, all households must provide complete financial information so that the LIHEAP caseworker may determine the applicant's eligibility. If this information is not provided, the LIHEAP caseworker will not process the application, and the applicant will not receive any assistance.

Below is a checklist of the required documents that are needed to process an application. **It is the applicant's responsibility to provide all necessary documents.** In order to expedite your application process, please provide all necessary documents when turning in an application. **The LIHEAP Caseworker CANNOT process an application without all required documents.**

PLEASE SELECT :

SELECT ONE OR BOTH

- Applicant is applying for: **UTILITY ASSISTANCE:** _____
HEATER/BLANKET/WEATHERIZATION PROGRAM: _____
- Have you received Utility Assistance or Electric Assistance?
YES:(If yes, When?) _____ No: _____
- Do you reside within the 11 county service areas? Yes: _____ No: _____
- Are your utility services currently disconnected? Yes: _____ No: _____
- Has your household received a Heater/Blanket/E-kit? Yes: _____ No: _____

REQUIRED DOCUMENTS:

- _____ CDIB for at least one (1) member of the household
- _____ Current, Original Utility Bill (Electric, Propane, or Gas)
- _____ Proof of Income for all Household Members over Eighteen (18) Years of Age*

*Applicants Name must match the name on the utility bill

*Check stubs, SSI/SSA/VA award letters, TANF award letters, unemployment benefit statements, child support award letters, & an annual IIM account summary must be included in the proof of income. **All no-income statements must be signed in front of notary.**



Please Read Carefully:

The amount of assistance that you receive is determined based on the information that you provide below. Please make sure that all information is accurate and up-to-date. The application must be fully completed, signed, and turned in with all necessary documents to the Cheyenne & Arapaho Tribes Social Services office. Processing will be done in a timely manner and all applicants will receive notice of approval or denial. Please contact the LIHEAP Caseworker if you need assistance filling out an application or if you have any questions.

Applicant Must Be Head of Household

Applicant is applying for (circle one or both) : **UTILITY ASSISTANCE** **HEATER/BLANKET**

Date: _____ Full Name: _____

Date of Birth: _____ Age: _____ Social Security #: _____

Home/Service address: _____

Mailing Address: _____ City _____ Zip _____

Phone: _____

List All Household Members:

Name:	DOB:	Age:	Social Security #:	Relation:	Elderly, Handicapped, Or Disabled?			Employed?	
					E	H	D	Yes	No
				self				Yes	No
								Yes	No
								Yes	No
								Yes	No
								Yes	No

Household Income:

Please provide a complete, accurate list of income for all members of your household. **All household members over eighteen (18) years of age must provide proof of income.**

Circle all that apply:

EMPLOYER SSI/SSA/VA TANF/CHILD SUPPORT IIM UNEMPLOYMENT

List amount of income earned each month:

Please list any assistance that you receive.

		Weekly: W Monthly: M Bi-Weekly: B Annually: A
Source of Assistance:	Award Amount:	Payment Schedule:
	\$	W B M A Other:
	\$	W B M A Other:

*Please attach award letters for benefits received to your completed application.



Name:				Hourly Wage:
Payment Schedule:	Weekly	Bi-Weekly	Monthly	Other:
Name:				Hourly Wage:
Payment Schedule:	Weekly	Bi-Weekly	Monthly	Other:

- Please list any additional income on an additional page and attach any check stubs.
- Other assistance (SSI, Disability, etc.) can be accounted for on page 5.
- If household members over eighteen (18) years of age are not receiving income, please fill out a "No Income Statement" on the next page.

• **No Income Statement:**

Please explain why you do not currently have an income, and also explain how your needs are currently being met.

I, _____, currently do not receive any monetary income because:

Client Signature: _____ Date: _____

• **No Income Statement:**

Please explain why you do not currently have an income, and also explain how your needs are currently being met.

I, _____, currently do not receive any monetary income because:

Client Signature: _____ Date: _____

PLEASE NOTARIZE BELOW:

SEAL

State of Oklahoma
County of _____

Signed and/or attested before me on this ___ day of _____, 20__

Notary Public

Commission# _____
My Commission Expires: _____



PLEASE READ CAREFULLY:

By signing below, I agree to the following terms:

Initial: ____ I certify that the information on this application is true and correct to the best of my knowledge. If I provide fraudulent information, my eligibility for future LIHEAP services **could be suspended**.

Initial: ____ I understand that my application **will not be processed** until all required documentation is submitted.

Initial: ____ I understand that my application will take up to a **week to process** or up to two (2) weeks for vendor checks to be processed.

Initial: ____ I authorize the Cheyenne & Arapaho Tribes' Department of Social Services to acquire any information that is necessary to complete my application.

Initial: ____ I understand the Cheyenne & Arapaho Tribes' Social Service Program is **not responsible for damage or repair** to heater/ac units and/or fans.

If you have read, understand, and agree to the terms above, please sign below:

Client Signature: _____ Date: _____

Witness/Caseworker Signature: _____ Date: _____